



# **Application**

**Mitt Romney, Governor**  
**Kerry Healey, Lt. Governor**

**Jane C. Edmonds**  
Director, Department of Workforce Development

**Ranch Kimball**  
Secretary, Executive Office of Economic Development



## **What is the Workforce Training Fund Express?**

The Express program is a simple, streamlined way for employers to get funds to train their workers using pre-existing courses. It is meant to supplement, not replace, the general Workforce Training Fund program.

### **1. Funding Criteria**

Applications will be approved based on the following funding criteria subject to availability of funds:

- Applicant is a business with 50 or fewer employees or a labor organization;
- Training course(s) are selected from a pre-approved list provided by the Massachusetts Division of Employment and Training. (See attached list or view the most updated course selections at [www.detma.org/workforce](http://www.detma.org/workforce)).
- Business or labor organization is reimbursed by the Workforce Training Fund 50% of the direct cost of training courses;
- Total grant request does not exceed \$15,000;
- An applicant can receive up to \$15,000 within a 12-month period starting from the award date of its first Express grant;
- Portion of training financed with grant funds does not exceed \$3,000 per course per trainee;
- All trainees are employed in Massachusetts. (It is not required that they live in Massachusetts).
- All training is job-related;
- Training starts within six months of grant award;
- Training lasts no longer than 12 months;
- Trainees are non-government employees;
- Business or labor organization pays into the Workforce Training Fund and is current with their unemployment insurance payments.

Business or labor organizations applying for funds who have not received previous Workforce Training Fund grants will be given preference over those who have.

### **2. Submitting your application**

There are two easy ways to submit your completed application:

- Apply on-line by visiting our website at [www.detma.org/workforce](http://www.detma.org/workforce);
- or
- Send **one original and five copies** of your completed application by mail to:  
Massachusetts Workforce Training Fund  
Division of Career Services  
19 Staniford Street: 2<sup>nd</sup> Floor  
Boston, MA 02114

### **3. Grant Award Decisions**

Applicants will be notified of funding decisions within 21 days of submitting applications providing all information is complete.

### **4. Answering your Questions**

If you have any questions about completing this application, you may contact the Workforce Training Fund information line at 1-800-252-1591.



## Application for Training Funds

Date: \_\_\_\_\_

Type of Applicant: ☐ Employer ☐ profit ( If profit: ☐ publicly-traded ☐ privately-held)  
☐ non-profit  
☐ Labor Organization

Applicant Organization Legal Name: \_\_\_\_\_

(Spell out in full. Use only "Co., Inc., and L.L.P." as abbreviations).

DBA (if different from legal name): \_\_\_\_\_

Applicant Organization Address: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

DCS Identification Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Proposal Summary

Type of Industry: (check one)

- ☐ Manufacturing
- ☐ Retail or Wholesale Trade
- ☐ Services
- ☐ Construction
- ☐ Finance/Insurance/Real Estate
- ☐ Transportation/Communications/Utilities

Number of MA employees to be trained: \_\_\_\_\_

Managerial and Administrative: \_\_\_\_\_

(includes top and mid-level managers)

Professional and Technical: \_\_\_\_\_

Sales and Marketing: \_\_\_\_\_

Clerical and Admin Support: \_\_\_\_\_

(includes office managers and supervisors overseeing clerical work)

Service: \_\_\_\_\_

Production and Construction: \_\_\_\_\_

Training description(s): (from list at <http://www.detma.org/workforce> or from the list in this application packet)

(A) Course I.D.#	(B) Course Title	(C) Cost Per Course	(D) No. of Trainees	(E) Total Cost of Training (C x D)	(F) Grant Funds Requested (50% of E) (May not exceed \$15,000 total and \$3,000 per trainee)	(G) Employer Cash Match (Must be greater than or equal to Grant Funds Requested)
<b>TOTAL</b>				\$	\$	\$

☐ I have verified the above information with the training provider to ensure that the course information is current and accurate.

When will the first employee to be trained begin training? \_\_\_\_\_

When will the last employee to be trained finish training? \_\_\_\_\_

How do you expect the training will benefit:

Your organization? \_\_\_\_\_

Your employees? \_\_\_\_\_

### Applicant Background Information

1. Describe the nature of the organization's business, including the type of products and services provided:

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2. Number of current employees (if applicant is an employer):

- Parent company (must have 50 or fewer employees; includes all locations): \_\_\_\_\_
- Massachusetts (includes all Massachusetts locations): \_\_\_\_\_
- Applicant locality: \_\_\_\_\_

3. How many years has the organization been in business? \_\_\_\_\_

4. Annual revenue (This information is shielded from public inquiry by law and will be used for informational purposes only; it will not affect funding decisions).

- |      |  |  |  |
|------|--|--|--|
| 2000 | <input type="checkbox"/> under \$100,000   | <input type="checkbox"/> \$100,000 - \$500,000 | <input type="checkbox"/> \$500,000 - \$1 million                   |
|      | <input type="checkbox"/> \$1 - \$2 million | <input type="checkbox"/> over \$2 million      | <input type="checkbox"/> Check if not in business during this year |
| 2001 | <input type="checkbox"/> under \$100,000   | <input type="checkbox"/> \$100,000 - \$500,000 | <input type="checkbox"/> \$500,000 - \$1 million                   |
|      | <input type="checkbox"/> \$1 - \$2 million | <input type="checkbox"/> over \$2 million      | <input type="checkbox"/> Check if not in business during this year |
| 2002 | <input type="checkbox"/> under \$100,000   | <input type="checkbox"/> \$100,000 - \$500,000 | <input type="checkbox"/> \$500,000 - \$1 million                   |
|      | <input type="checkbox"/> \$1 - \$2 million | <input type="checkbox"/> over \$2 million      | <input type="checkbox"/> Check if not in business during this year |

5a. Will this training be provided to unionized employees? ☐ Yes ☐ No

5b. If yes, has the union been involved in the decision to provide this training? ☐ Yes ☐ No

5c. If the union has been involved, you will be required to provide the name and telephone number of the union official as part of this application.

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### Feedback to the Division of Career Services

6. Did you receive assistance from any of the following in completing the application?

- |  |  |
|--|--|
| <input type="checkbox"/> Division of Career Services | <input type="checkbox"/> Commonwealth Corporation (formerly Corporation for Business, Work & Learning) |
| <input type="checkbox"/> Workforce Investment Board  | <input type="checkbox"/> Massachusetts Office of Business Development                                  |
| <input type="checkbox"/> Other (please specify)      | <input type="checkbox"/> None  |
- 

7. How long did it take to complete this application?

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Less than 30 minutes | <input type="checkbox"/> 1 to 2 hours | <input type="checkbox"/> More than 4 hours |
| <input type="checkbox"/> 1/2 hour to 1 hour   | <input type="checkbox"/> 2 - 4 hours  |  |

8. How would you rate the ease of using this application on a scale of 1 – 5 (with 1 the easiest and 5 most difficult)?

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

### Certification:

(Note: All signatures must be those of an officer of the organization with the authority to enter into legally binding agreements). I agree to meet the requirements, if selected, of the Massachusetts Workforce Training Fund, for a grant award. I certify that all information contained in this proposal is true and accurate and understand that falsification of information may be cause for application non-review or award revocation. I certify that all contributions, payment in lieu of contributions, interest or penalty charges due under the Massachusetts unemployment law (G.L.c 151A) have been paid. I understand that I have acquired no property or other right by virtue of filing this application.

If selected, I agree to meet the obligations outlined in this proposal.

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Signature of Officer of Applicant Organization

Title

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Name of Signatory (typed)

Organization

Date

### Name of Union Official if applicable (see question # 5):

The following individual has been involved in the decision to provide training for the unionized employees included in this application.

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Name of Union Official

Title

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Organization

Telephone Number